



FABIAN NUÑEZ

Speaker *of the* Assembly

VOLUNTEER REGISTRATION FORM

Event Name: _____ Event Date _____

Name: _____

Affiliation: _____

Address: _____

City: _____ Zip Code: _____

Phone # () _____ Fax# () _____

Cell Phone # () _____ Email: _____

To best accommodate your needs, please indicate below any specific requests:

**TO SECURE YOUR PARTICIPATION AT EVENTS, PLEASE RETURN OR FAX THIS
FORM TO FOLLOWING:**

ASSEMBLY SPEAKER FABIAN NUÑEZ
c/o Volunteer Coordinator
320 West Fourth Street, Suite 1050
Los Angeles, California 90013
Phone: (213) 620-4646 Fax **(213) 620-6319**